

FIELD FEDERAL SAFETY AND HEALTH COUNCIL

REGISTRATION INFORMATION AND QUESTIONNAIRE

😊 **PLEASE WRITE NEATLY AND LEGIBLY** 😊

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. THIS INFORMATION WILL BE USED TO DEVELOP A "COUNCIL DIRECTORY".

NAME (LAST / FIRST / MI):		E-MAIL ADDRESS:	
NAME OF AGENCY / ORGANIZATION / BUSINESS:		CATEGORY OF AGENCY / ORGANIZATION / BUSINESS:	
		FEDERAL <input type="checkbox"/>	NON-FEDERAL <input type="checkbox"/>
STREET ADDRESS (INCLUDE SUITE / ROOM #):	CITY:	STATE:	ZIP CODE + 4:
WORK PHONE #:		FAX #:	
TITLE/POSITION:		NUMBER OF YEARS EXPERIENCE IN YOUR FIELD?	

ADDITIONAL INFORMATION

FEDERAL EMPLOYEES	NON-FEDERAL EMPLOYEES (Associate)
<p>YOUR PRIMARY FUNCTIONAL AREA(S)?</p> <p><input type="checkbox"/> SAFETY (FULL TIME)</p> <p><input type="checkbox"/> HEALTH (FULL TIME)</p> <p><input type="checkbox"/> FIRE PROTECTION (FULL TIME)</p> <p><input type="checkbox"/> ENVIRONMENTAL (FULL TIME)</p> <p><input type="checkbox"/> COLLATERAL DUTY</p> <p><input type="checkbox"/> REPRESENTATIVE OF LOCAL LABOR ORGANIZATION OR OTHER EMPLOYEE ORGANIZATION</p> <p><input type="checkbox"/> AGENCY HEAD</p> <p><input type="checkbox"/> OTHER PROFESSIONAL _____</p>	<p>YOUR PRIMARY FUNCTIONAL AREA(S)?</p> <p><input type="checkbox"/> SAFETY (FULL TIME)</p> <p><input type="checkbox"/> HEALTH (FULL TIME)</p> <p><input type="checkbox"/> FIRE PROTECTION (FULL TIME)</p> <p><input type="checkbox"/> ENVIRONMENTAL (FULL TIME)</p> <p><input type="checkbox"/> COLLATERAL DUTY</p> <p><input type="checkbox"/> REPRESENTATIVE OF LOCAL LABOR ORGANIZATION OR OTHER EMPLOYEE ORGANIZATION</p> <p><input type="checkbox"/> AGENCY HEAD</p> <p><input type="checkbox"/> OTHER PROFESSIONAL _____</p>
<p>WOULD YOU BE INTERESTED IN ONE OR MORE OF THE FOLLOWING?</p> <p><input type="checkbox"/> SERVING AS A MEMBER OF THE COUNCIL'S EXECUTIVE COMMITTEE (CHOSEN BY A MAJORITY VOTE).</p> <p><input type="checkbox"/> SERVING AS A LEADER/MEMBER OF A SPECIAL COMMITTEE OR PROJECT (AS DETERMINED BY THE CHAIRPERSON).</p> <p><input type="checkbox"/> HOSTING A FUTURE COUNCIL MEETING.</p> <p><input type="checkbox"/> CONDUCTING A BRIEFING AND/OR TRAINING IN MY AREA OF EXPERTISE OR SHARING OF MY EXPERIENCES AND/OR INFORMATION AT A FUTURE COUNCIL MEETING.</p>	<p>WOULD YOU BE INTERESTED IN ONE OR MORE OF THE FOLLOWING?</p> <p><input type="checkbox"/> SERVING AS A LEADER/MEMBER OF A SPECIAL COMMITTEE OR PROJECT (AS DETERMINED BY THE CHAIRPERSON).</p> <p><input type="checkbox"/> HOSTING A FUTURE COUNCIL MEETING.</p> <p><input type="checkbox"/> CONDUCTING A BRIEFING AND/OR TRAINING IN MY AREA OF EXPERTISE OR SHARING OF MY EXPERIENCES AND/OR INFORMATION AT A FUTURE COUNCIL MEETING.</p>

Your council is always looking to expand its membership. Do you know any safety, fire protection, health, or environmental professionals, collateral duty personnel, or personnel in related occupations/organizations that have not yet become a member or have not heard of the council? Let them know! Invite them to the next meeting! Remember – your council is only as strong and productive as its members are. Don't forget, this council is for everyone, including private companies/organizations. 😊